



**Long Island School Media Association**  
**October 1, 2011– September 30, 2012**  
*Membership application and Workshop Registration*

**MAIL TO**  
 Carolyn McGuire  
 94 Violet Avenue  
 Floral Park NY 11001

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_

ADDRESS \_\_\_\_\_  
 \_\_\_\_\_

PHONE (\_\_\_\_\_) \_\_\_\_\_

E-MAIL \_\_\_\_\_

SCHOOL LIBRARY / INSTITUTION / BUSINESS / LIBRARY SCHOOL (if student):  
 \_\_\_\_\_

TITLE OR POSITION \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

(Work) PHONE (\_\_\_\_\_) \_\_\_\_\_

DATE RECEIVED by LISMA: \_\_\_\_\_

NEW MEMBER \_\_\_\_\_ RENEWAL \_\_\_\_\_

LIFE MEMBER \_\_\_\_\_

LIFE MEMBER (CURRENT) WORKSHOP

REGISTRATION: (ONLY) \_\_\_\_\_

**TYPE OF MEMBERSHIP** (CHECK ONE)  
 please see [www.lisma.org](http://www.lisma.org) for complete description

\_\_\_ Active Professional (\$20)

\_\_\_ Associate (\$10)

\_\_\_ Retiree (\$10)

\_\_\_ Student- (\$5)

\_\_\_ Business Associate (\$30)

\_\_\_ Life Membership (\$200)

**WORKSHOPS:** \$10 for each selected

See tally box below.

*Checks should be made payable to*

**LISMA.**

The above information will be forwarded to LISMA's Membership Chairperson.  
 The information below will be forwarded to LISMA's Program Chair.

Please check the LISMA website regularly for updated information  
 and Mini Grant opportunities. – [www.lisma.org](http://www.lisma.org)

**I would also like to register for the following meeting & workshops:**

\_\_\_ General Membership and Common Core with Dr. Bea Badden (10/19/11)

(no charge for LISMA members)

\_\_\_ Effective Techniques for Book Care (11/7/11)

\_\_\_ Get Google with it Part II (12/6/11)

\_\_\_ National Archives (1/18/12)

\_\_\_ Project-based Learning Web 2.0 (3/7/12)

\_\_\_ Newbery Committee Experience (4/24/12)

Cost of workshops is \$10 each except where noted

A Certificate of Attendance will be issued for all workshops

\_\_\_ Author Dinner with Conor Grennan and

Mini-Grant Awards Ceremony 5/16/12

Dinner cost \$30.00

Membership	\$ _____
Workshops	\$ _____
Author Dinner	\$ _____
<b>Total enclosed</b>	<b>\$ _____</b>
<b>Checks payable to LISMA.</b>	

**DATE RECEIVED**  
 by LISMA: \_\_\_\_\_

Name: \_\_\_\_\_

email address: \_\_\_\_\_